



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

November 2025 Medical Policy Updates

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been updated or newly added. A revision history for each policy is included. Please visit the Medical Policies pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 397	Psychological and Neuropsychological Testing	(NEW POLICY)
CAM 161	Lumbar Spine Procedures	Overall formatting, updating duration for indicating lumbar spine fusion as revision surgery following a failed operation from 6-12 months to 9-12 months, references
CAM 389	Lumbar Artificial Disc Replacement	Overall formatting, adding active tobacco or nicotine use in contraindications section
CAM 701105	Balloon Ostial Dilation for Treatment of Chronic and Recurrent Acute Rhinosinusitis	Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references
CAM 767	Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)	Overall formatting, repeat procedures statement is no longer in Evolent criteria
CAM 80106	Oncologic Applications of Photodynamic Therapy, Including Barrett Esophagus	Annual review, no change to policy intent. Updating rationale and references
CAM 80145	Intracavitary Balloon Catheter Brain Brachytherapy for Malignant Gliomas or Metastasis to the Brain	Annual review, no change to policy intent. Updating summary of evidence, rationale, and references
CAM 80158	Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation	Annual review, no change to policy intent. Updating summary of evidence, regulatory status, rationale, and references
CAM 90323	Intravitreal and Intraocular Corticosteroid Implants	Annual review, no change to policy intent. Updating rationale and references
CAM 390	Genomic Testing for Hematopoietic Neoplasms	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)

CAM 337	Molecular Analysis for Gliomas	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 282	Human Immunodeficiency Virus Testing	(Annual review, adding coverage criteria for PrEP. Updating frequency of testing. Adding limitation to HIV antigen testing independent of combo assay. Also updating description, regulatory status, new note 2 for risk factors for HIV infection, table of terminology, rationale, and references.)
CAM 234	Genetic Testing for Neurodegenerative Disorders	(Annual review, no change to policy intent. Updating coverage criteria for clarity and consistency. Also updating description, rationale, and references.)
CAM 169	Lynch Syndrome Testing	(Annual review, updating coverage criteria to be consistent with NCCN guidelines. Also updating description, regulatory status, notes, table of terminology, rationale, and references.)
CAM 009	Allergy Immunotherapy	(Annual review, no change to policy intent.)
CAM 10116	Negative Pressure Wound Therapy in the Outpatient Setting	(Interim review, updating initial trial period from 14 days to 30 days. No other changes.)
CAM 701114	Reverse Shoulder Arthroplasty	(Annual review , no change to policy intent.)
CAM 235	Laboratory Guideline Policy	(Moving annual review date to 01/01/2026.)
CAM 319	Nerve Fiber Density Testing	(Moving review date to 01/01/2026.)
CAM 90102	Evaluation of Hearing Impairment	(Annual review, no change to policy intent.)
CAM 209	Diagnostic Testing of Common Sexually Transmitted Infections	(Annual review, reorganizing coverage criteria for clarity and consistency. Adding qualitative to NAAT testing. Individual organism amplified probe testing for T. vaginalis is now solely addressed in this policy. Removing HIV screening as these recommendations are fully addressed in CAM 282. Also updating description, notes, table of terminology, rationale, and references. Removing CPT codes 82565, 82575, 84703, 86701, 86702, 86703, 86705, 86803, 86804, 87660, 0500T, G0432, G0433, G0435, G0475, S3645. Adding CPT codes 87626 and 87800.)
CAM 251	Minimal Residual Disease	(Annual review, adding coverage criteria for diffuse large B-cell lymphoma. Also updating

		description, table of terminology, rationale, and references.)
CAM 261	Genetic Testing for Breast, Ovarian, Pancreatic, and Prostate Cancers (BRCA)	(Annual review, updating coverage criteria to align with NCCN guidelines. Also updating description, notes, table of terminology, rationale, and references.)
CAM 269	Diagnosis of Vaginitis	(Interim review, updating coverage criteria for clarity and consistency. Also updating description, rationale, and references. Removing CPT codes 87661 and 87808.)
CAM 308	Testing for Alpha-1 Antitrypsin Deficiency	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 325	Use of Common Genetic Variants (Single Nucleotide Polymorphisms) to Predict Risk of Non-Familial Breast Cancer	(Annual review, no change to policy intent. Updating description, table of terminology, rationale, and references.)
CAM 326	Molecular Testing of Pulmonary Specimens	(Annual review, no change to policy intent. Updating description, note 1 for clarity, rationale, and references.)
CAM 701123	Plugs for Fistula Repair	(Annual review, no change to policy intent. Updating summary of evidence, background, rationale, and references.)
CAM 333	Genetic Testing and Genetic Expression Profiling in Patients With Uveal Melanoma	(Annual review, no change to policy intent. Updating description, rationale, and references.)
CAM 210	Testing for Vector-Borne Infections	(Annual review, adding IgG or IgM indirect immunofluorescence antibody (IFA) assay for Babesia (initial or confirmatory testing) to CC1. Also updating description, notes for clarity and consistency, table of terminology, rationale, and references. Adding CPT codes 87164 and 87166.)
CAM 134	Diagnostic Testing of Influenza	(Annual review, updating CC1, signs and symptoms, and adding note 2. Also updating background, rationale, and references. Removing CPT code 87631.)
CAM 335	Biochemical Markers of Alzheimer Disease and Dementia	(Annual review, updating policy to include coverage criteria for p-tau testing in CSF in individuals with Alzheimer disease or mild cognitive impairment. Also updating background, rationale, and references.)